

SAFETY CHECKLIST

Note: The checklist is to be completed only if the proposed alternate workplace is located in a private residence.

The checklist is designed to assess the overall safety of the designated work area of the alternate workplace. Each applicant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the applicant and submitted to the immediate supervisor.

Applicant:

Telephone:

Address of alternate workplace:

Telephone:

Describe the designated work area:

A. Designed Work Area

1. Are all stairs with four or more steps equipped with handrails?

☐ Yes ☐ No ☐ N/A

2. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?

☐ Yes ☐ No ☐ N/A

3. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through the walls, exposed wires fixed to ceiling)?

☐ Yes ☐ No ☐ N/A

4. Will the building's electrical system permit the grounding of electrical equipment?

☐Yes ☐No ☐N/A

5. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?

☐Yes ☐No ☐N/A

6. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?

☐Yes ☐No ☐N/A

7. Are the chair casters (wheels) secure and the rungs and legs of the chair sturdy?

☐Yes ☐No ☐N/A

8. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?

☐Yes ☐No ☐N/A

9. Is the office space neat, clean, and free of excessive amounts of combustibles?

☐Yes ☐No ☐N/A

10. Are floor surfaces clean, dry, and level?

☐Yes ☐No ☐N/A

11. Are carpets well secured to the floor and free of frayed or worn seams?

☐Yes ☐No ☐N/A

12. Is there sufficient light for reading?

☐Yes ☐No ☐N/A

B. Computer Workstation (If Applicable)

13. Is your chair adjustable?

☐Yes ☐No ☐N/A

14. Do you know how to adjust your chair?

☐Yes ☐No ☐N/A

15. Is your back adequately supported by a backrest?

☐Yes ☐No ☐N/A

16. Are your feet on the floor or fully supported by a footrest?

☐Yes ☐No ☐N/A

17. Are you satisfied with the placement of your Visual Display Terminal (VDT) and keyboard?

☐Yes ☐No ☐N/A

18. Is it easy to read the text on your screen?

☐Yes ☐No ☐N/A

19. Do you need a document holder?

☐Yes ☐No ☐N/A

20. Do you have enough leg room at your desk?

☐Yes ☐No ☐N/A

21. Is the VDT screen free from noticeable glare?

☐Yes ☐No ☐N/A

22. Is the top of the VDT screen eye level?

☐Yes ☐No ☐N/A

23. Is there space to rest the arms while not keying?

☐Yes ☐No ☐N/A

24. When keying, are your forearms close to parallel with the floor?

☐Yes ☐No ☐N/A

25. Are your wrists fairly straight when keying?

☐Yes ☐No ☐N/A

By signing this document, the applicant certifies that all of the above applicable questions were answered in the affirmative or, if answered in the negative, that the applicant will take all necessary corrective actions to eliminate any hazard (as revealed by a negative response) before (s)he begins to telework.

Applicant Signature

Date